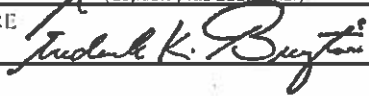


AO 435 (Rev. 04/18)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
<i>Please Read Instructions:</i>					
1. NAME Law Offices of Frederick K. Brewington		2. PHONE NUMBER (516) 489-6959		3. DATE 6/21/2019	
4. DELIVERY ADDRESS OR EMAIL 556 Peninsula Boulevard (office@brewingtonlaw.com)		5. CITY Hempstead		6. STATE N.Y.	7. ZIP CODE 11550
8. CASE NUMBER CV-18-819	9. JUDGE (KAM) (ST)	DATES OF PROCEEDINGS			
12. CASE NAME Besedin v. County of Nassau, et.al.		10. FROM 2/11/2019		11. TO 2/11/2019	
		LOCATION OF PROCEEDINGS			
		13. CITY Central Islip		14. STATE N.Y.	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input checked="" type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Status Conference	
<input type="checkbox"/> BAIL HEARING				02/11/2019	
				FTR Log #11:43-11:51	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
3-Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
REAL TIME	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
CERTIFICATION (18. & 19) By signing below, I certify that I will pay all charges (deposit plus additional)				ESTIMATE TOTAL	0.00
18. SIGNATURE 				PROCESSED BY	
19. DATE 6/21/2019				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00